

FORM PTO-1449 (REV. 7-80)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO. H-1105	SERIAL NO.
LIST OF DOCUMENTS CITED BY APPLICANT (Use several sheets if necessary)		APPLICANT Y. TAKAMOTO et al	
		FILING DATE July 8, 2003	GROUP

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>hw</i>	AL	2002-196961	7/12/02	Japan			<input type="checkbox"/> <input type="checkbox"/>
<i>hw</i>	AM	2002-132455	5/10/02	Japan			<input type="checkbox"/> <input type="checkbox"/>
<i>hw</i>	AN	2001-67187	3/16/01	Japan			<input type="checkbox"/> <input type="checkbox"/>
	AO						<input type="checkbox"/> <input type="checkbox"/>
	AP						<input type="checkbox"/> <input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

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EXAMINER	<i>Paul J. H.</i>	DATE CONSIDERED <i>7/12/02</i>

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Sheet 1 of 1

FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. H-1105	SERIAL NO. 10/614,190
LIST OF DOCUMENTS CITED BY APPLICANT (Use several sheets if necessary)				APPLICANT Y. TAKAMOTO et al	
				FILING DATE July 8, 2003	GROUP

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
fw	AA 2003/0229690	12/11/03	Kitani et al			
	AB 2004/0010562	01/15/04	Itonaga			
	AC 2004/0078467	04/22/04	Grosner et al			
km	AD 2005/0071560	03/31/05	Bolik			
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	AK					

FOREIGN PATENT DOCUMENTS

	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES <input type="checkbox"/> NO <input type="checkbox"/>
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	AM					<input type="checkbox"/> <input type="checkbox"/>
	AN					<input type="checkbox"/> <input type="checkbox"/>
	AO					<input type="checkbox"/> <input type="checkbox"/>
	AP					<input type="checkbox"/> <input type="checkbox"/>

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